

(General Close Contact Letter Template- Pertussis)

Dear:

You/your child have/has been exposed to pertussis (whooping cough). Pertussis is an infection that affects the airways and is easily spread from person to person by coughing or sneezing. It causes a severe cough that can last for weeks or months, sometimes leading to coughing fits and/or vomiting. Anyone can get pertussis, but it can be very dangerous for infants and people with weakened immune systems or lung problems.

Recommendations:

1. If you/your child have/has a cough:
  - Make an appointment with your/your child's healthcare provider as soon as possible and tell the healthcare provider that you/your child have/has been exposed to pertussis.
  - Keep your child /stay home from work and activities until your/your child's healthcare provider determines that you/your child do/does not have pertussis.
  - If your/your child's healthcare provider determines that you/your child does have/has pertussis, it is important that you/your child continue/s to stay home from work/school/childcare and other activities until you/your child have/has been on an antibiotic for five days. If you/your child has already been coughing for more than 21 days you/your child is no longer contagious so will not need antibiotics and will not need to stay home. However, you/your child may have spread pertussis to others during those 21 days.
  - If your/your child's healthcare provider confirms (via testing or examination) that you/your child do/does NOT have pertussis, you/your child can return to work/school/childcare and other activities at any time.
2. If you/your child do/does NOT have a cough:
  - If you/your child are/is
    - pregnant in your/their third trimester, or
    - is less than 12 months of age, or
    - have/has a weakened immune system or lung problems (like severe asthma or cystic fibrosis)you / your child needs to be started on antibiotics to prevent them from becoming ill. Ask your /your child's healthcare provider to prescribe antibiotics to you/your child as soon as possible to prevent pertussis.
  - And if you/your child live/s with or has a lot of contact with any of the following high risk people, ask your healthcare provider to prescribe antibiotics for you/your child as soon as possible so that you / your child does not give pertussis to them:
    - A woman who is pregnant in her third trimester,
    - An infant younger than 12 months old, or
    - Anyone with a weakened immune system or lung problems (like severe asthma or cystic fibrosis).
  - If you/your child do/does not meet the criteria listed above (you/your child is/are not, do not have, and do/does not have contact with pregnant women, infants less than 12 months of age, and weakened immune system/lung problems), you/your child do not need to receive antibiotics because of your / your child's pertussis exposure.
  - However, please watch for signs of pertussis (such as a cough) for 21 days and call your/your child's healthcare provider if you/they start coughing. At that time tell your/your child's health care provider that you/your child were exposed to pertussis.

Please make sure your family's vaccinations for pertussis are up-to-date. If you need the Tdap vaccine, contact your healthcare provider or call [insert contact] to find a vaccine provider near you.

When you go to a healthcare provider for pertussis, please show this letter to him or her. If you have any questions or concerns, please call us at [insert contact].

Sincerely,

*This letter should only be issued under the direction of a local public health department or the Center for Acute Disease Epidemiology (CADE) which is part of the Iowa Department of Public Health. Individual healthcare providers, school officials, and childcare providers are not authorized to independently issue this letter.*

Dear Colleague:

Your patient may have been exposed to pertussis.

**If your patient does not have symptoms of pertussis:**

National guidelines state: As a precaution to protect vulnerable individuals, if your patient meets **one or more** of the following criteria, we recommend antibiotic prophylaxis:

- Your patient is or has ongoing close contact with a woman who is pregnant in her third trimester.
- Your patient is or has ongoing close contact with an infant less than 12 months old.
- Your patient is or has ongoing close contact with a person with pre-existing health conditions that may be exacerbated by a pertussis infection (such as immunocompromised persons and patients with moderate to severe medically treated asthma).

If your patient does not meet any of the criteria listed above, antibiotic prophylaxis is not recommended. However, please educate your patient on how to watch for signs and symptoms.

**If your patient does have symptoms of pertussis:**

[insert public health agency], the Iowa Department of Public Health, and national guidelines recommend the following actions when assessing and treating patients exposed to pertussis :

**If your patient has been coughing for less than 21 days:**

1. Collect nasopharyngeal swabs, nasal aspirate, or nasal wash for pertussis PCR testing and send the specimens to the State Hygienic Laboratory for testing.
2. Do not delay treatment with appropriate antibiotics while waiting for laboratory results if there is no alternative diagnosis.
3. Document and communicate all clinical decisions related to pertussis to [insert public health agency or school name and contact information] (this includes children for whom pertussis has been ruled out) so that appropriate public health action can continue to be taken.
4. Strongly consider antibiotic prophylaxis for all household members, this is especially important if a pregnant woman, an infant less than 12 months old, or anyone with a pre-existing health conditions that may be exacerbated by a pertussis infection lives in the household.

**If you patient has been coughing for 21 days or more:**

1. Testing for pertussis is not recommended as the infection has resolved even though the symptoms may continue for weeks due to damage done by the infection. Testing after 3 weeks of cough is of limited benefit since PCR and culture are only sensitive during the first 2-3 weeks of cough when bacterial DNA is still present in the nasopharynx.
2. Treatment is generally no longer necessary after 21 days. However, because they are at higher risk of severe disease, infants or pregnant women in their third trimester could be treated up through 6 weeks after cough onset.
3. The patient is no longer infectious and can return to work/school/childcare/ and other activities.

**For all households:** Please make sure that all pertussis vaccinations are up to date for all household members or refer for vaccination [insert contact].

Additional clinical and laboratory guidance may be found on the IDPH website:

[www.idph.state.ia.us/CADE/DiseaseIndex.aspx?disease=Pertussis](http://www.idph.state.ia.us/CADE/DiseaseIndex.aspx?disease=Pertussis).

Should you have any questions or concerns, please call [insert contact].

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